

Presentation to the Behavioral Health Oversight Commission

May 12, 2006

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



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APA Presidential Address

- The large mental hospital is antiquated, outmoded, and rapidly becoming obsolete.
- Such hospitals should be replaced as soon as possible by small, flexible facilities, related to their communities and devoted to finding new modes of treatment.
 - Harry Solomon, President, American Psychiatric Association
 - Born in Hastings, NE
 - Address Delivered 1958

Medicaid Issues

- Mental Health Pharmacy Education Project - Met with various associations, including the Nebraska Medical Association, and have begun data analysis.
- Telecare has been enrolled as a Medicaid Provider, they have begun billing and claims have been paid.
- Intermediate Specialized Services (ISS) - HHSS and nursing facility representatives met to discuss target population and service package.
- HHSS has formed a work group of Protection and Safety, Medicaid and Behavioral Health to work through placement and service issues.

Nebraska Medicaid Expenditures for MRO and SA

Nebraska Medicaid Expenditures for MRO and ASA

Service Date Oct-Nov-Dec 2005 By Region

Claims Paid Through April 2006

All Categories/All Ages

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Total
Medicaid Rehab Options							
Assertive Community Treatment	\$0	\$0	\$178,063	\$0	\$0	\$248,447	\$426,511
Community Support	\$60,083	\$76,745	\$109,816	\$124,205	\$390,540	\$191,855	\$953,244
Day Rehab	\$13,520	\$10,477	\$12,330	\$20,172	\$20,073	\$88,254	\$164,826
Residential Rehab	\$52,959	\$43,872	\$252,171	\$335,876	\$184,323	\$1,123,342	\$1,992,544
Subtotal	\$126,562	\$131,094	\$552,381	\$480,254	\$594,936	\$1,651,898	\$3,537,125
Adult Substance Abuse							
Alcohol/Drug Assessment	\$819	\$338	\$169	\$169	\$2,066	\$2,532	\$6,092
Community Support	\$1,864	\$4,762	\$5,384	\$10,146	\$10,353	\$414	\$32,923
Detox	\$964	\$0	\$0	\$2,936	\$2,163	\$464	\$6,526
Family Therapy	\$0	\$0	\$0	\$0	\$0	\$77	\$77
Group Therapy	\$1,700	\$793	\$1,637	\$183	\$499	\$5,849	\$10,661
Individual Therapy	\$1,948	\$1,658	\$2,979	\$349	\$2,599	\$16,517	\$26,050
Intensive Outpatient	\$244	\$0	\$3,240	\$1,674	\$4,695	\$4,214	\$14,067
Long-Term Residential	\$0	\$0	\$0	\$0	\$79,892	\$25,518	\$105,409
Short-Term Residential	\$11,626	\$0	\$20,263	\$50,103	\$99,127	\$125,795	\$306,914
Subtotal	\$19,165	\$7,551	\$33,671	\$65,560	\$201,393	\$181,378	\$508,719
Total	\$145,727	\$138,645	\$586,052	\$545,814	\$796,329	\$1,833,277	\$4,045,844

Nebraska Medicaid Rehab Option

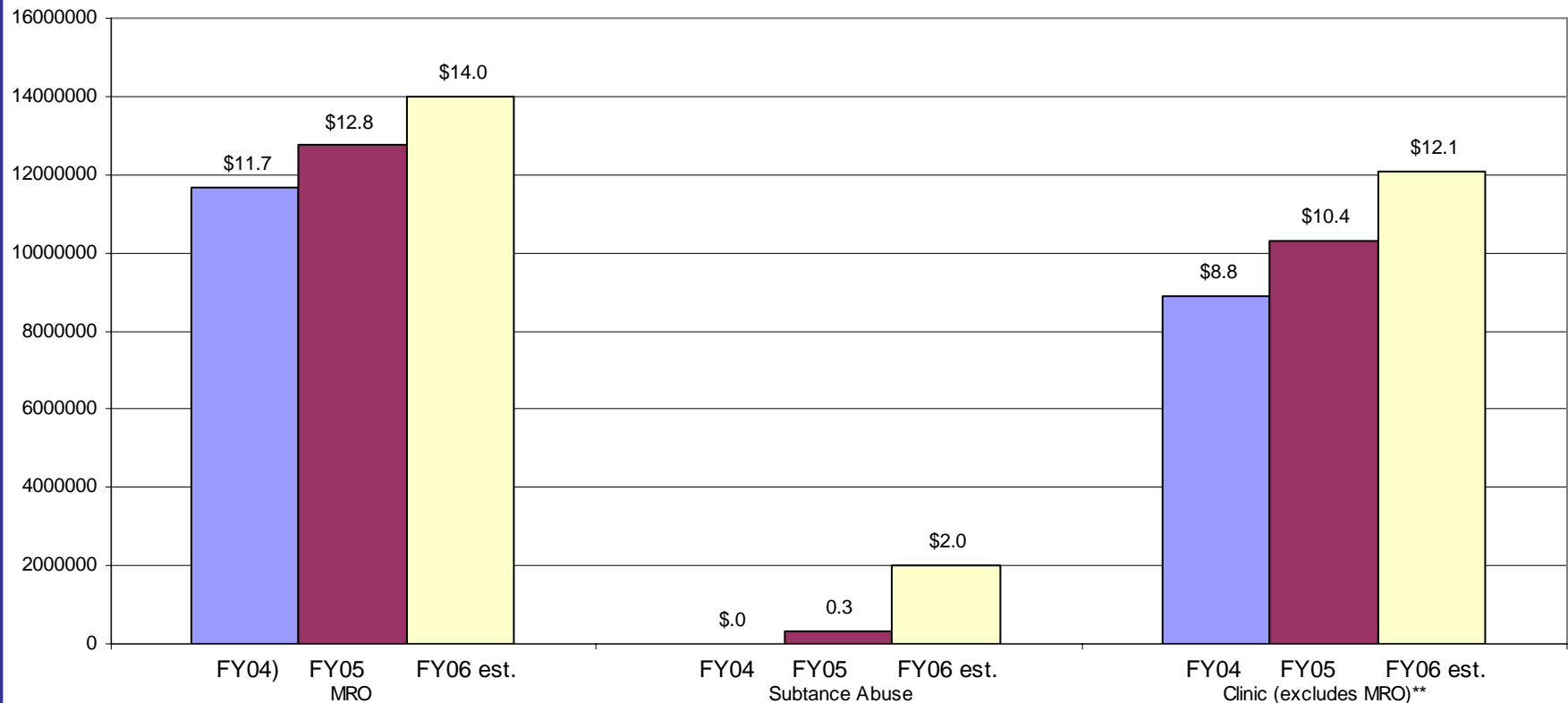
Nebraska Medicaid Rehab Option, Adult Substance Abuse and Clinic Expenditures

for Age 21 and over

Services Incurred Fiscal Year 2004, 2005 actual and 2006 annualized

Claims Paid through April 2006

(Dollars in Millions)



Total expenditure for MRO, ASA and Clinic for FY2005 - \$23.4 Million and Annualized FY06 - \$28.1 Million

Nebraska Medicaid Expenditures

Nebraska Medicaid Expenditures for MRO, SA, Inpatient Psych, Clinic and Drug Categories

by Service date

Claims Paid as of April 2006

All Categories are Age LE 20

		MRO		Substance Abuse		InPatient Psych		Clinic (excludes MRO)**		Drugs*
FY04	\$	51,708	\$	-	\$	40,175,135	\$	39,073,335	\$	\$16,411,409
FY05	\$	207,438	\$	19,247	\$	47,062,499	\$	31,812,929	\$	\$19,362,910
FY06 - Annualized	\$	394,363	\$	104,408	\$	49,562,787	\$	31,321,387	\$	\$21,537,717

All Categories are Age GT 20

		MRO		Substance Abuse		InPatient Psych		Clinic (excludes MRO)**		Drugs*
FY04	\$	11,663,436	\$	-	\$	5,614,637	\$	8,870,401	\$	\$ 63,367,316
FY05	\$	12,765,582	\$	307,161	\$	5,187,568	\$	10,309,448	\$	\$ 70,712,392
FY06 - Annualized	\$	13,975,428	\$	2,019,522	\$	4,667,731	\$	12,089,717	\$	\$ 78,131,104

TOTAL - All Categories are all ages

		MRO		Substance Abuse		InPatient Psych		Clinic (excludes MRO)**		Drugs*
FY04	\$	11,715,144	\$	-	\$	45,789,772	\$	47,943,736	\$	\$ 79,778,725
FY05	\$	12,973,019	\$	326,408	\$	52,250,066	\$	42,122,377	\$	\$ 90,075,302
FY06 - Annualized	\$	14,369,791	\$	2,123,930	\$	54,230,518	\$	43,411,105	\$	\$ 99,668,821

*Drugs category include Risperdal Consta from Practioner Claims and excludes Age 0 Expenditures

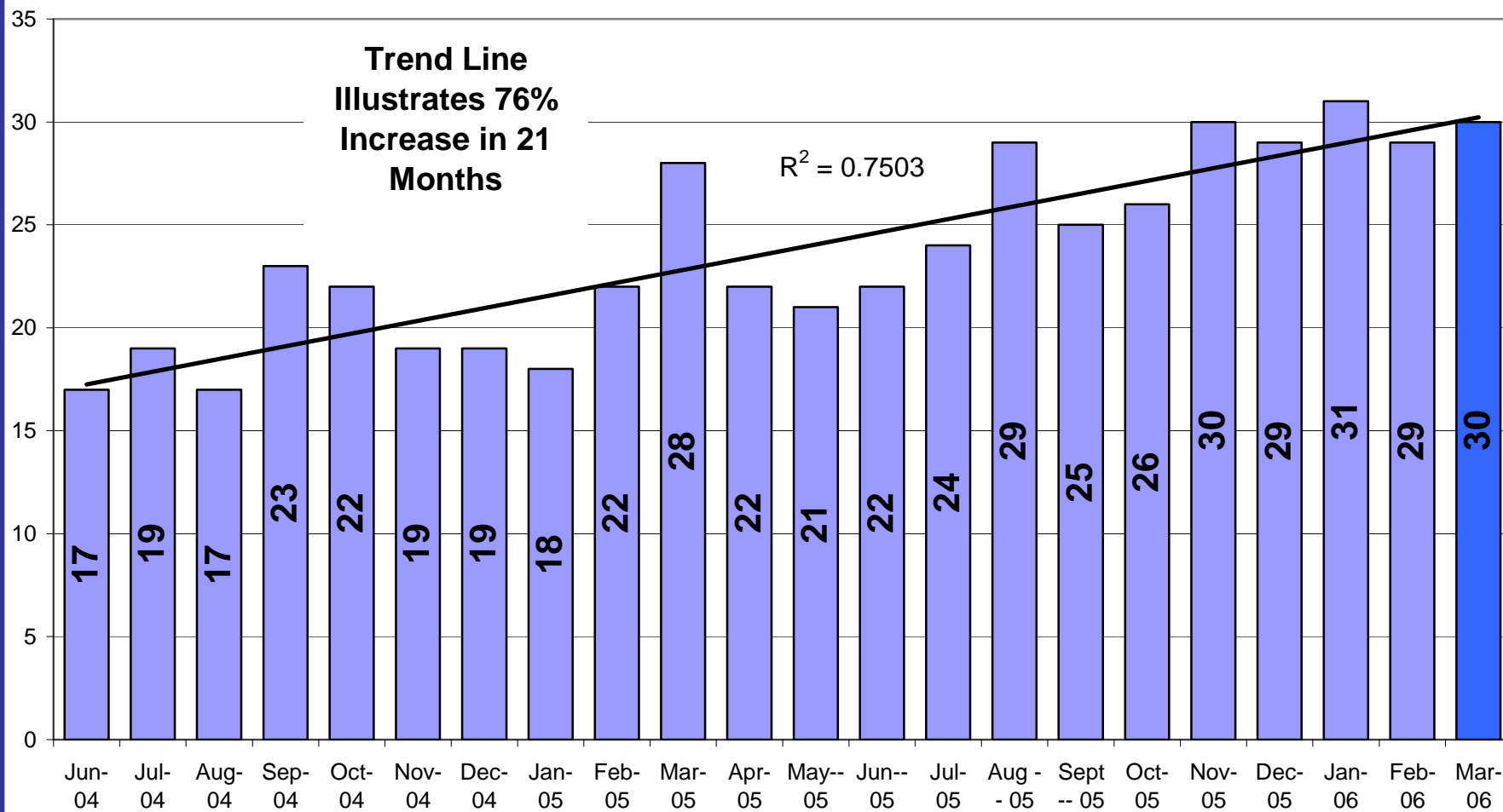
** Clinic total excludes Risperdal Consta from Practioner Claims

Community Services

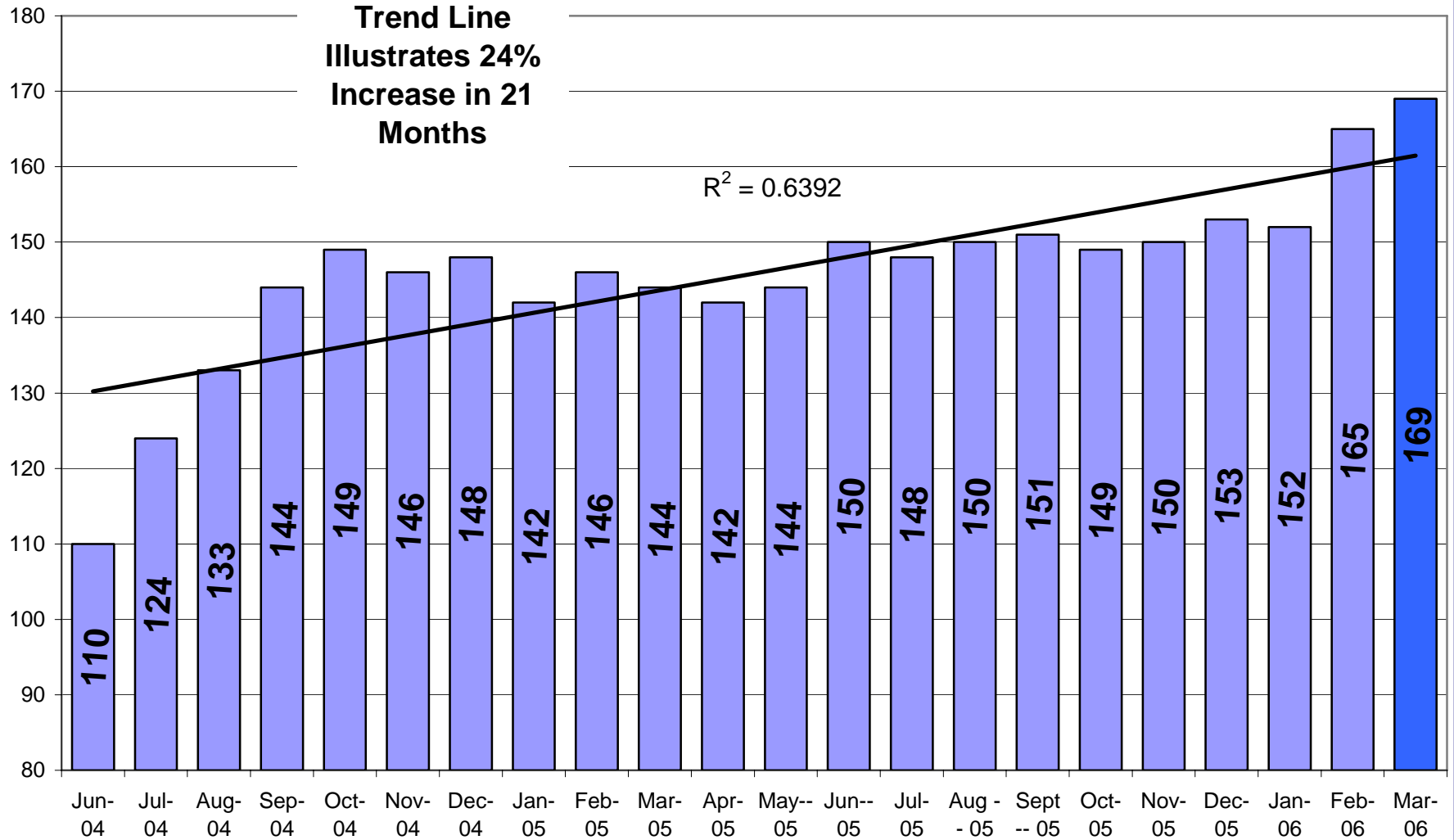
June 2004 – March 2006

- Development of Community-based Services
 - Progress Reports
- Number of People Served
 - Dual Residential – 76% Increase
 - Assertive Community Treatment – 24% Increase
 - Community Support - Mental Health – 31% Increase
 - Community Support - Substance Abuse – 29% Increase
 - Short Term Residential – 29% Increase
 - Day Rehabilitation – 9% Increase
 - Psychiatric Residential Rehabilitation – 14% Increase
 - Total People Served in Community Services – 23% Increase

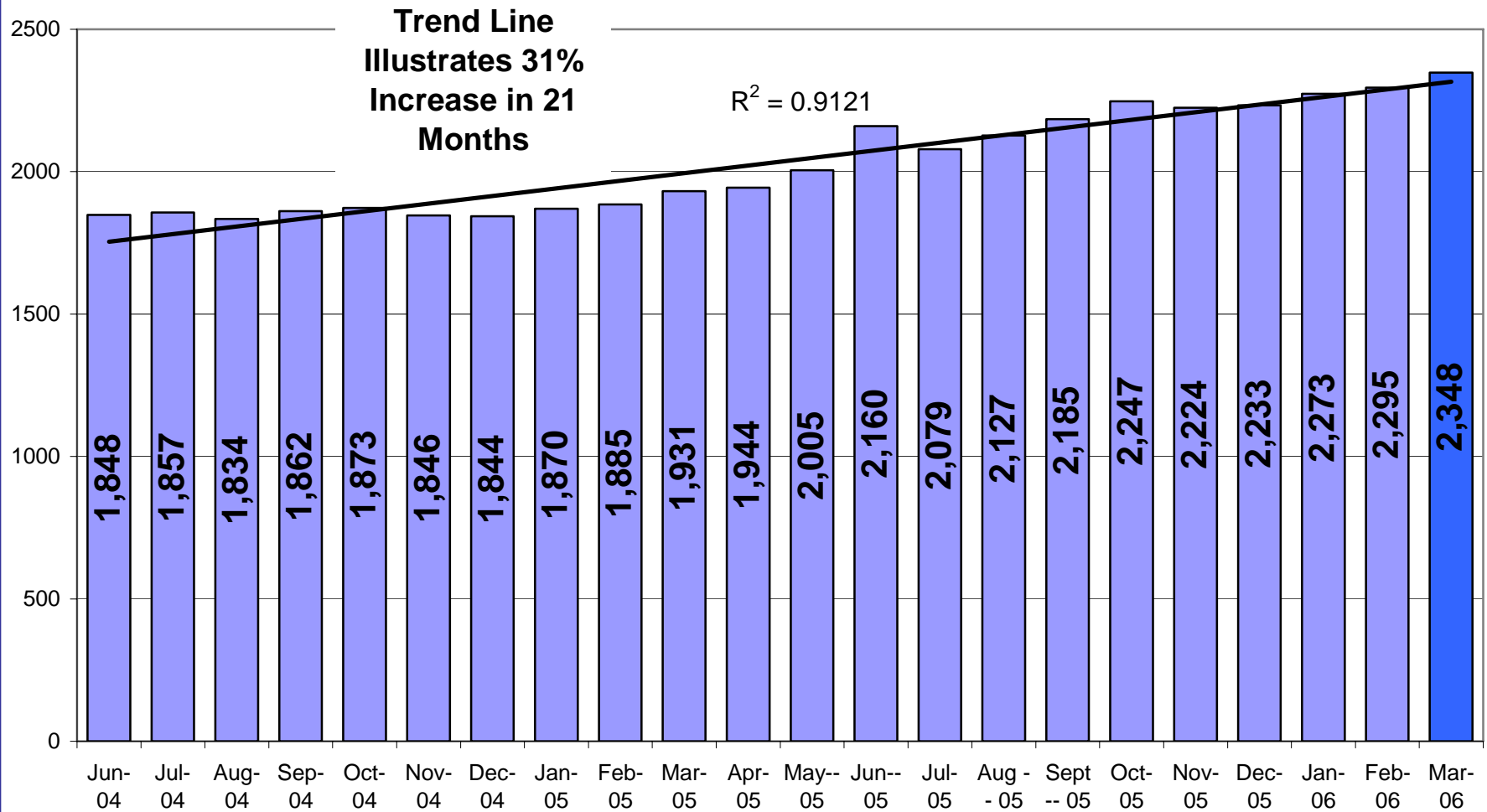
People Served Per Month in Dual Residential Services



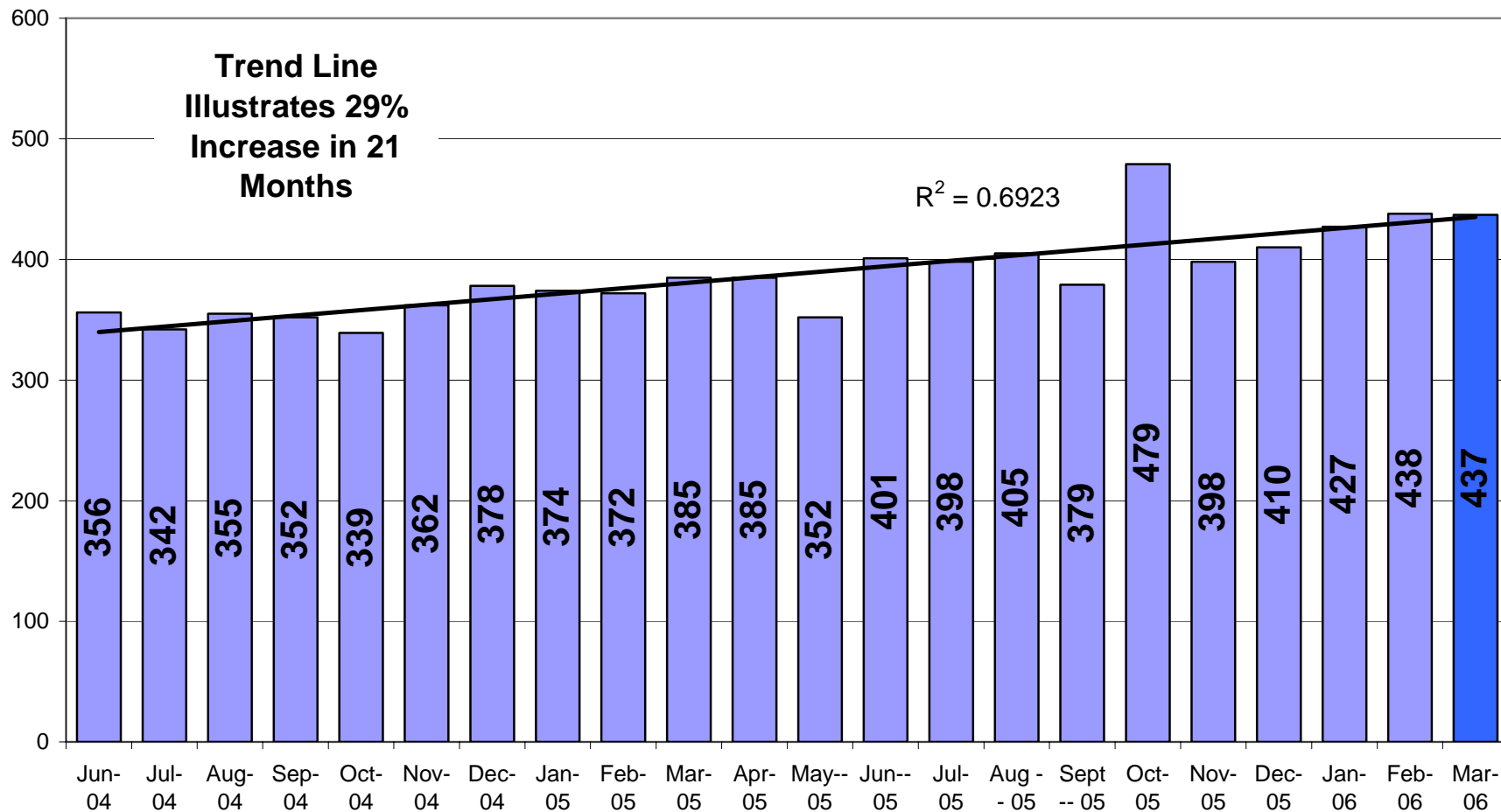
People Served Per Month in ACT



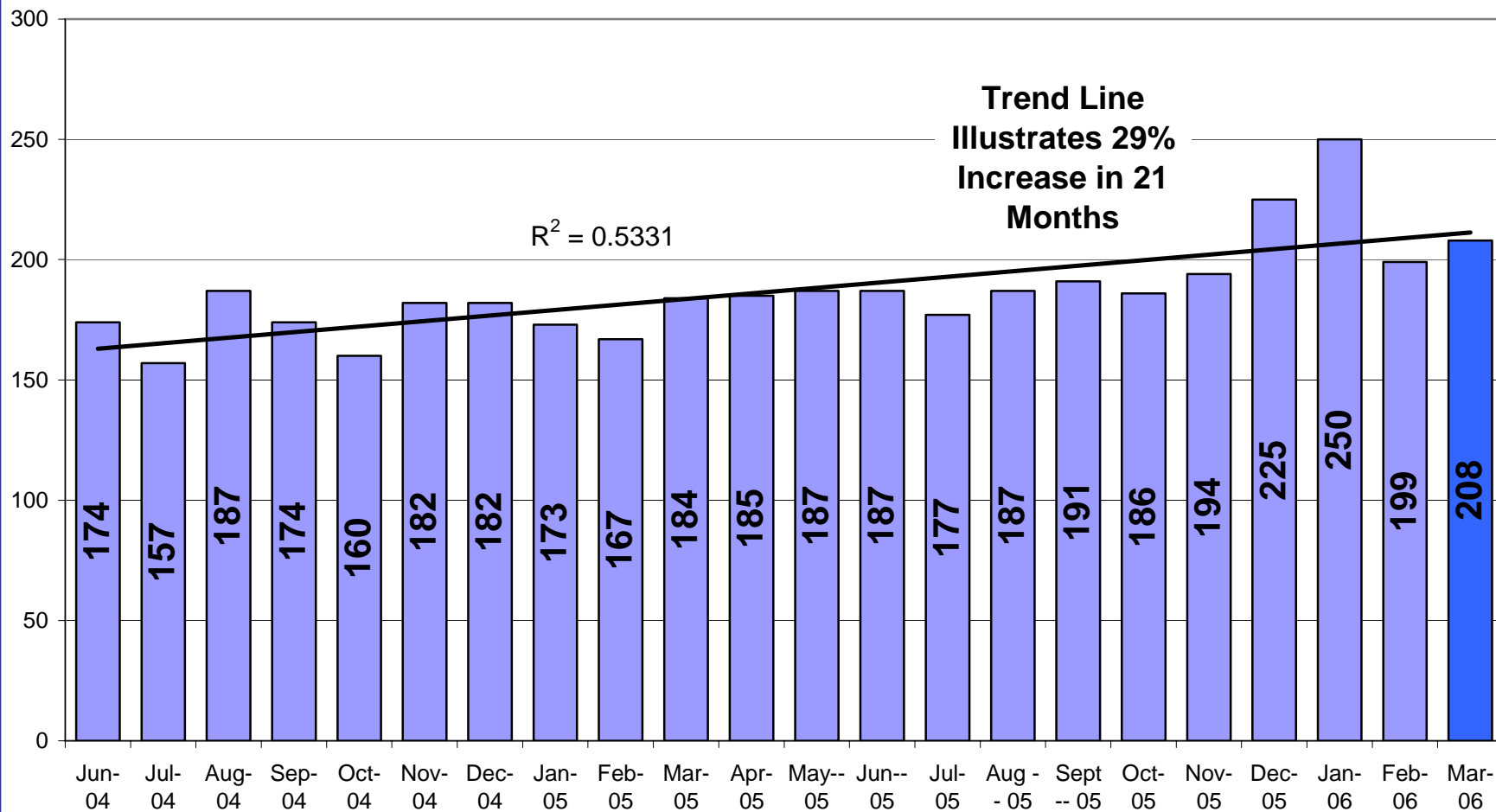
People Served Per Month in Community Support - Mental Health



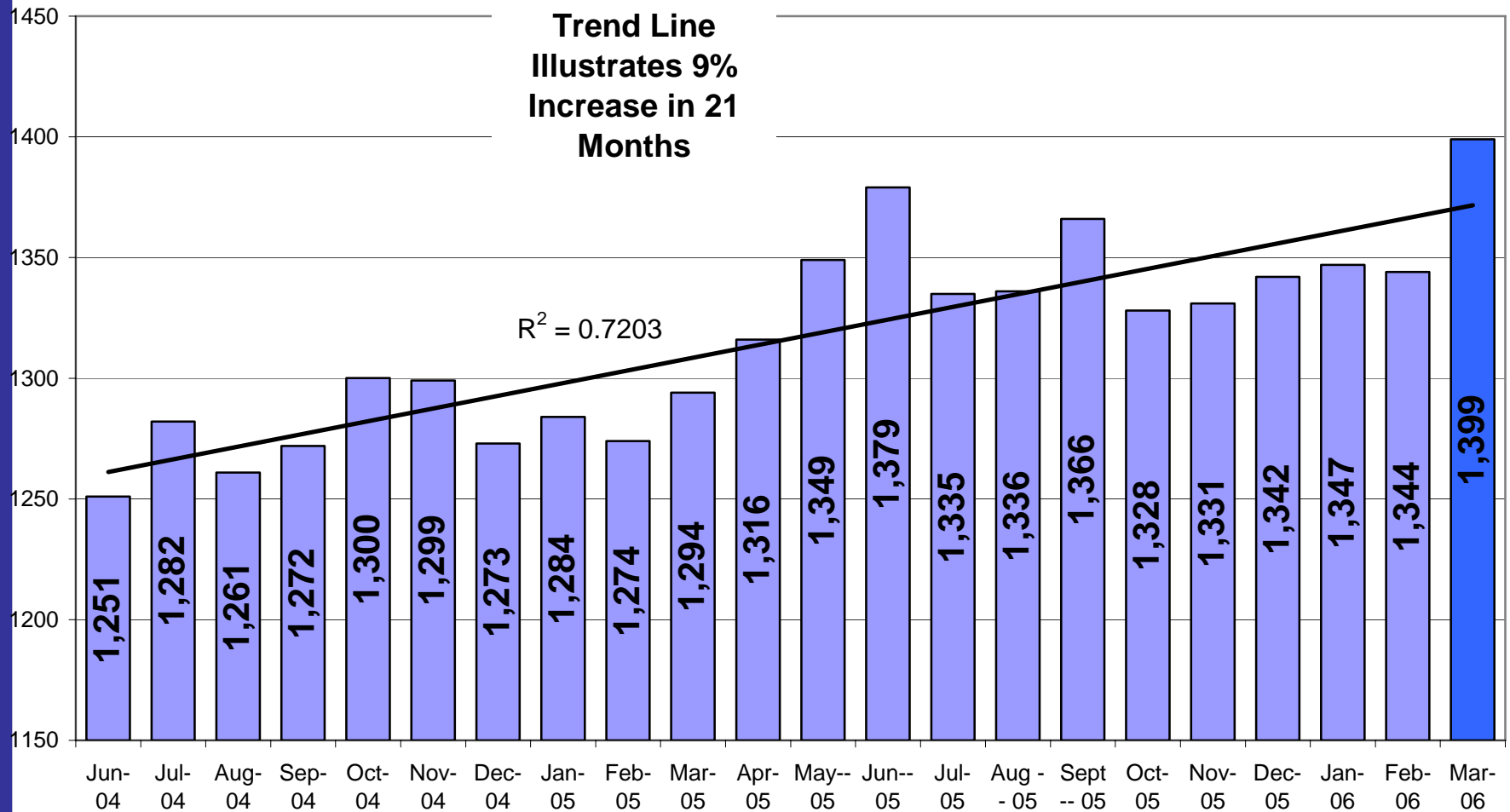
People Served Per Month in Community Support - Substance Abuse



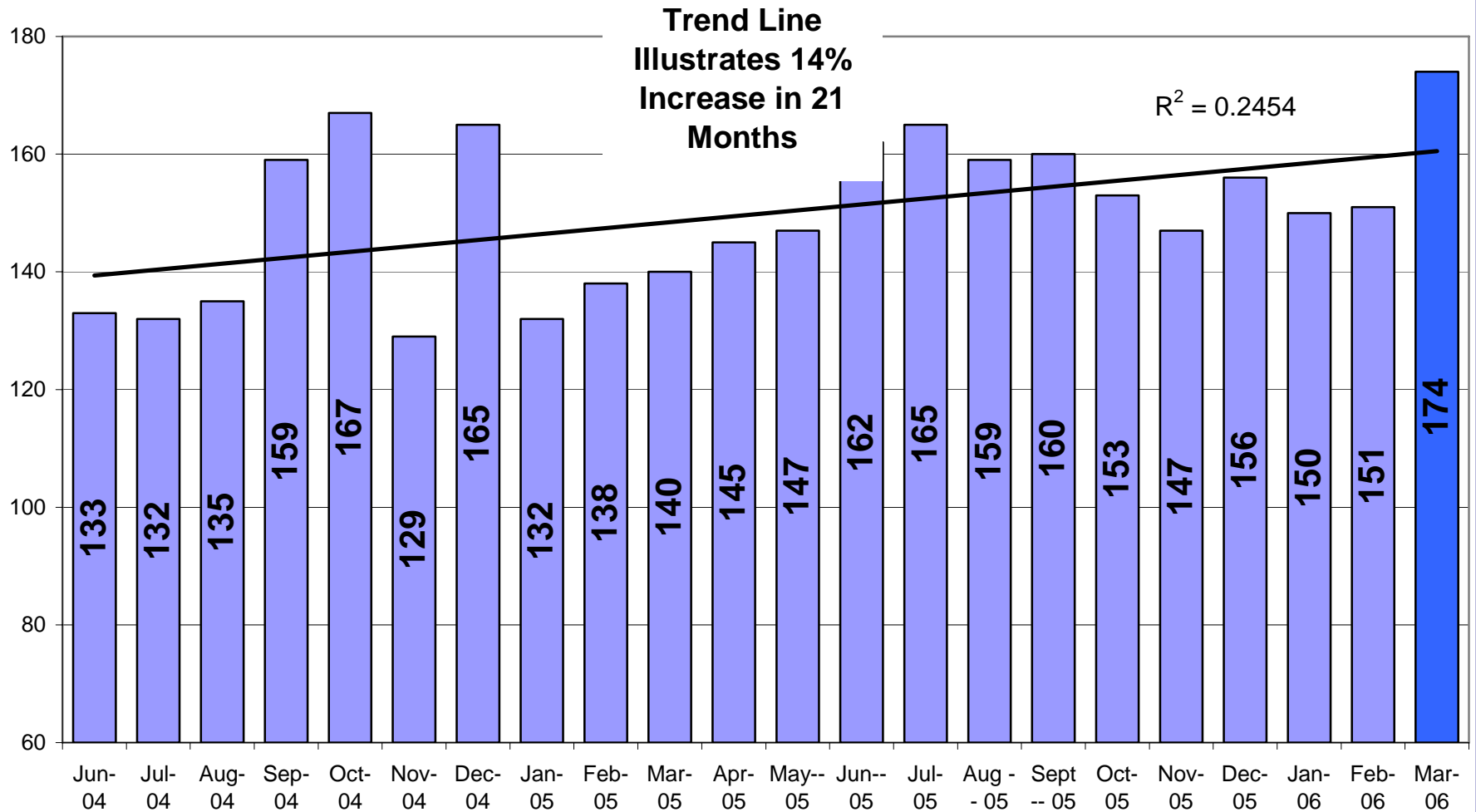
People Served Per Month in Short Term Residential



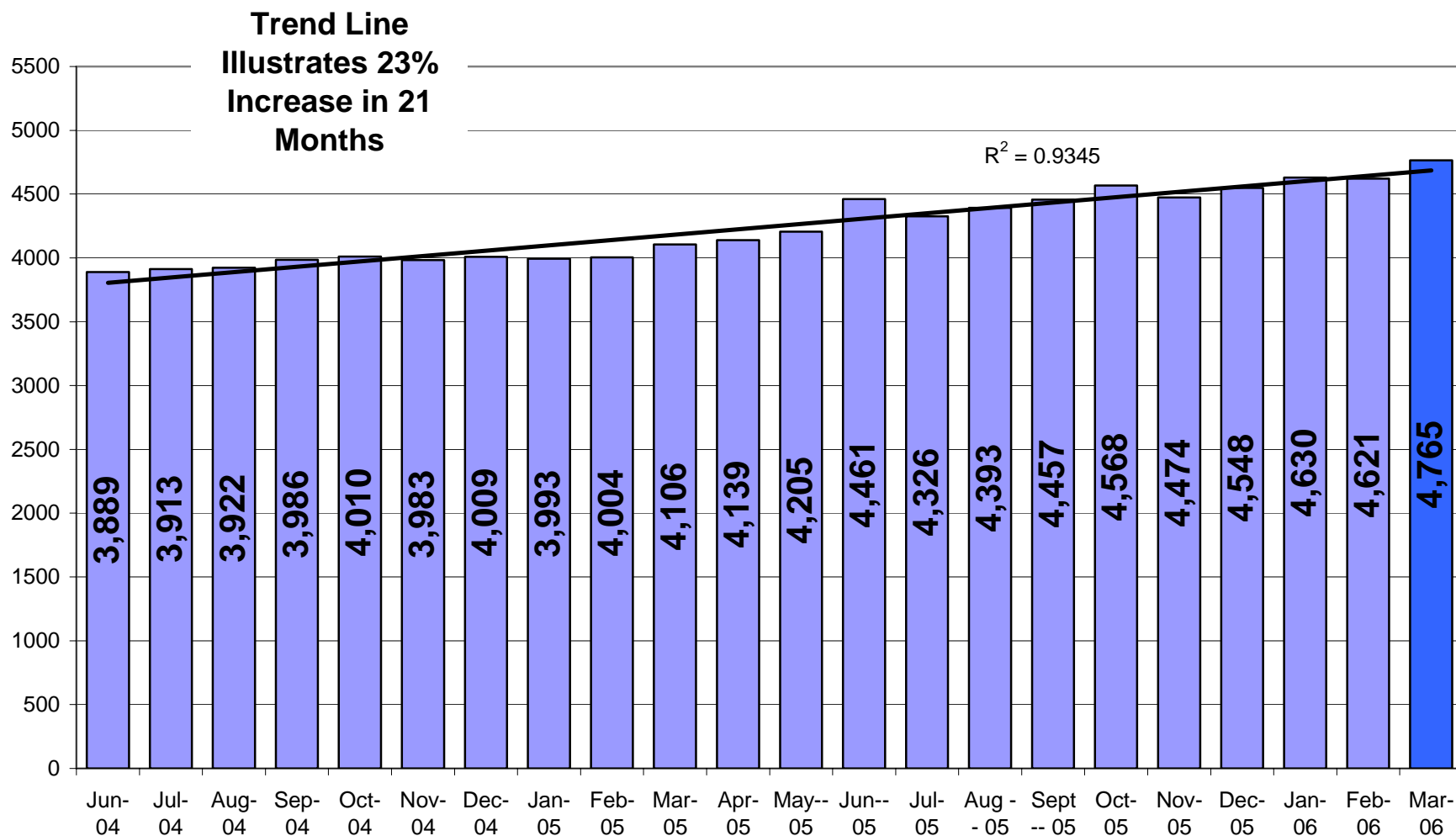
People Served Per Month in Day Rehabilitation Services



People Served Per Month in Psychiatric Residential Rehabilitation

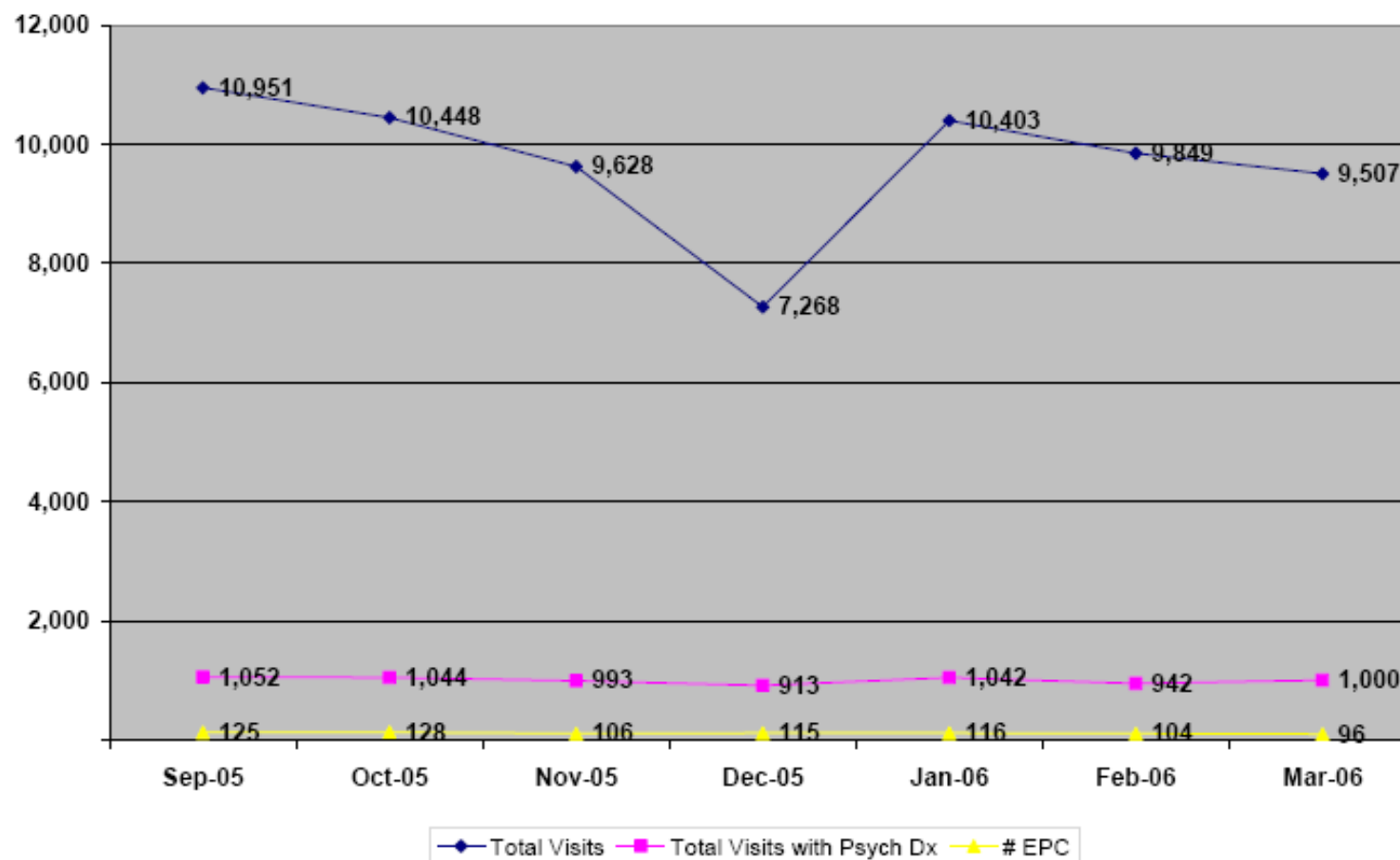


Total People Served (Duplicated) Per Month in Community Services



Data Submitted by Hospitals

ED-All Hospitals Combined*



*Hospital include: Bryan LGH Medical Center West & East, Faith Regional Health Services, Mary Lanning, Good Samaritan ED, Immanuel Medical

Inpatient Beds to be Added to Behavioral Health System

Facility	#	Approximate Date
Telecare	16	June 5, 2006
Lincoln Regional Center	20	July 1, 2006
Richard Young	18	July 1, 2006
Faith Regional	9	December 31, 2006
Total	63	2006

EPC Admissions by Region

FY02, FY03, FY04, FY05, Q1, Q2 & Q3 FY06

Region	FY02	FY03	FY04	FY05	Q1, Q2 & Q3 FY06
Region 1	269	221	231	245	163
Region 2	169	155	153	154	131
Region 3	543	550	520	510	428
Region 4	646	496	496	451	324
Region 5	744	834	798	850	615
Region 6	559	457	403	452	344
Total	2930	2713	2601	2662	2005

Data Source: Regional Administration and Magellan Behavioral Health

FY06 Data Run Date: April 10, 2006

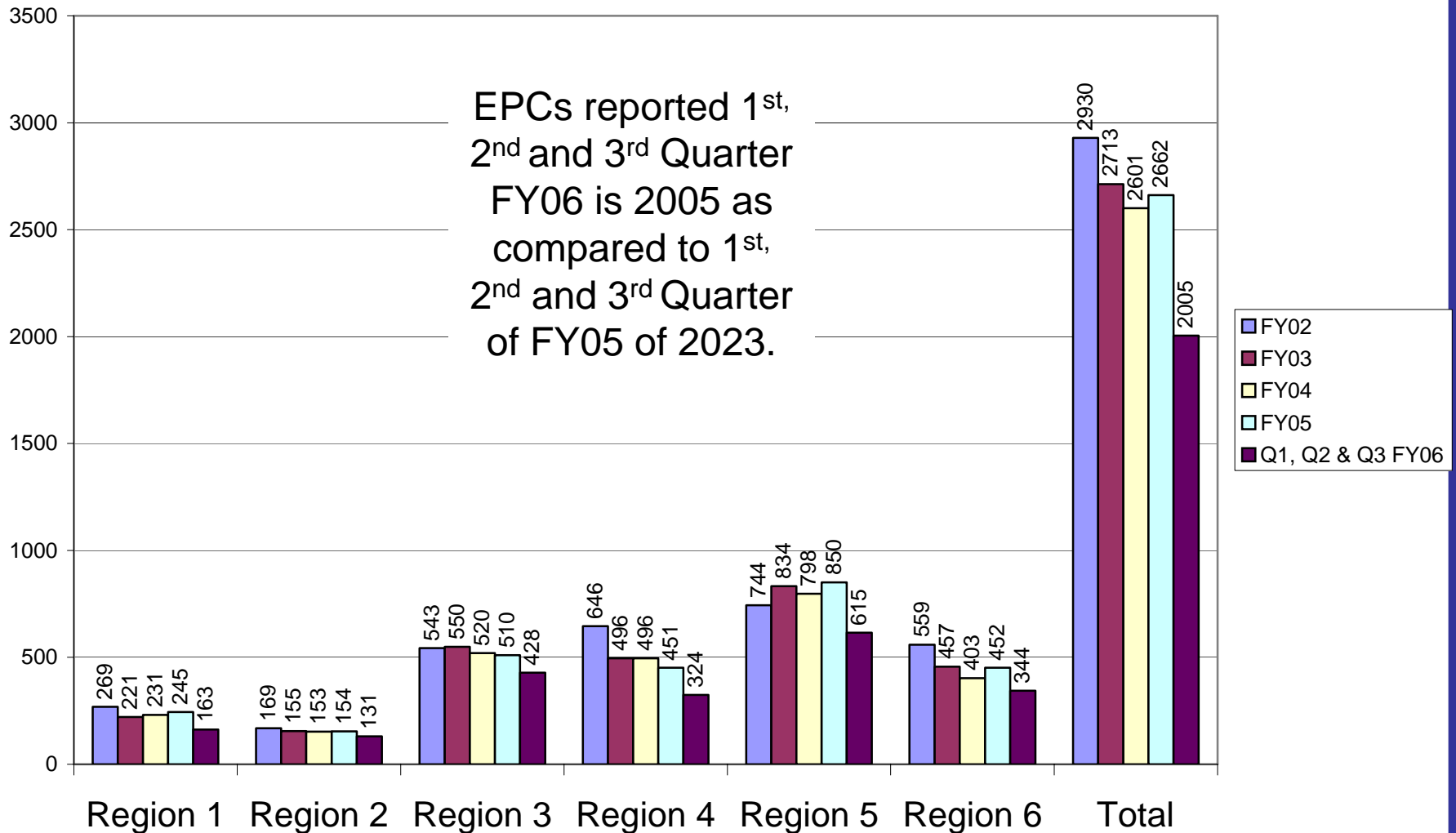
FY05 Data Run Date: Oct 7, 2005

* FY 04 Amended by Region 1 to reflect full year data.

** FY 05 Amended by Region 1 - Double data entry of admissions being corrected

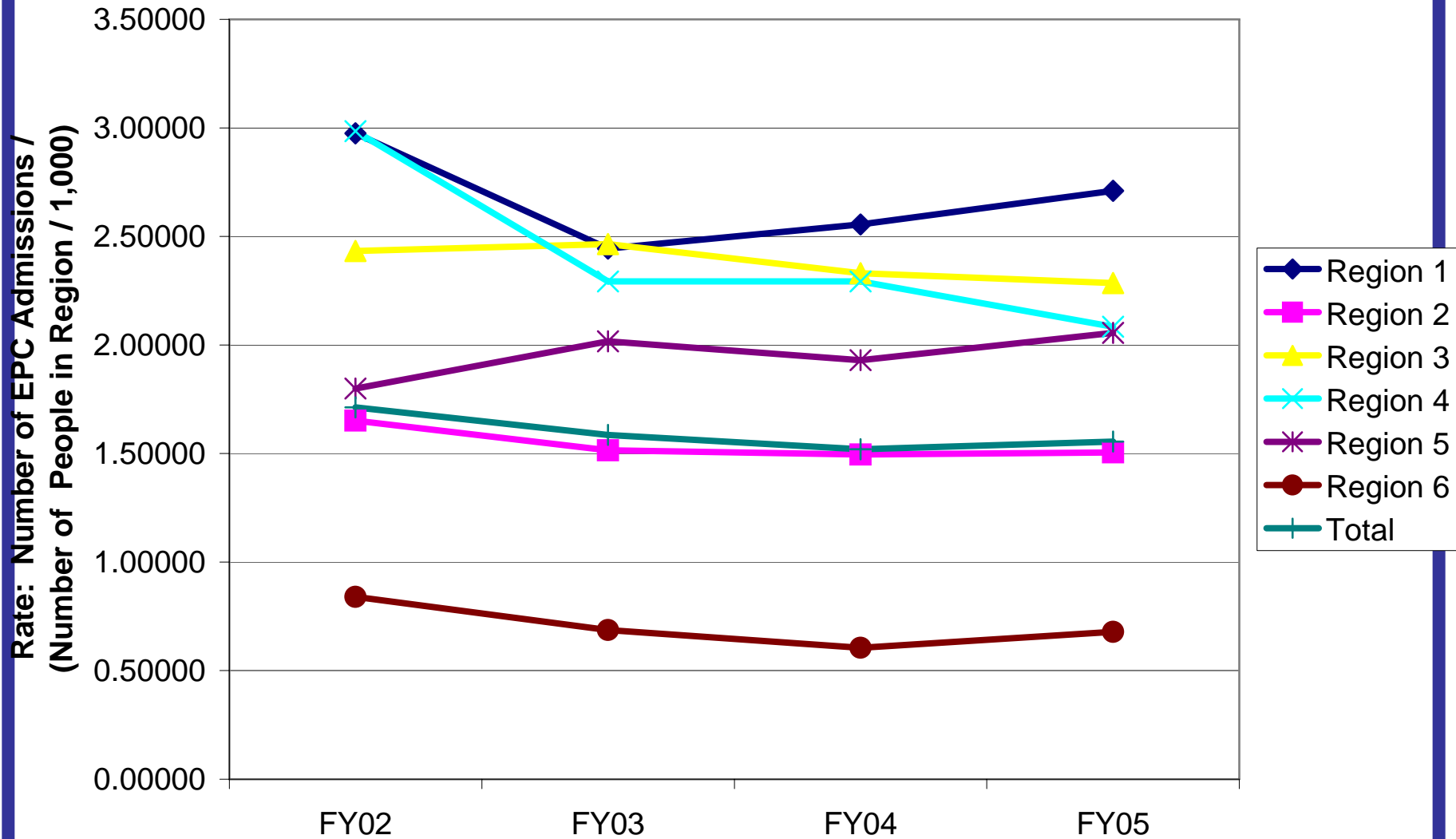
EPC Admissions by Region

EPCs reported 1st,
2nd and 3rd Quarter
FY06 is 2005 as
compared to 1st,
2nd and 3rd Quarter
of FY05 of 2023.



EPC Admissions Per 1,000 People in Region

Population Determined by Official Census 2000



Mental Health Board Commitment Admissions to Behavioral Health Reform Units* by Region

Excludes Adolescent, Forensic and Sex Offender Units
FY02, FY03, FY04, FY05, Q1, Q2 & Q3 FY06

Region	FY02	FY03	FY04	FY05	Q1, Q2 & Q3 FY06
Region 1	50	54	40	7	4
Region 2	74	40	35	32	20
Region 3	241	179	140	129	80
Region 4	39	69	80	76	39
Region 5	205	216	172	155	106
Region 6	262	274	274	227	133
Total	871	832	741	626	382

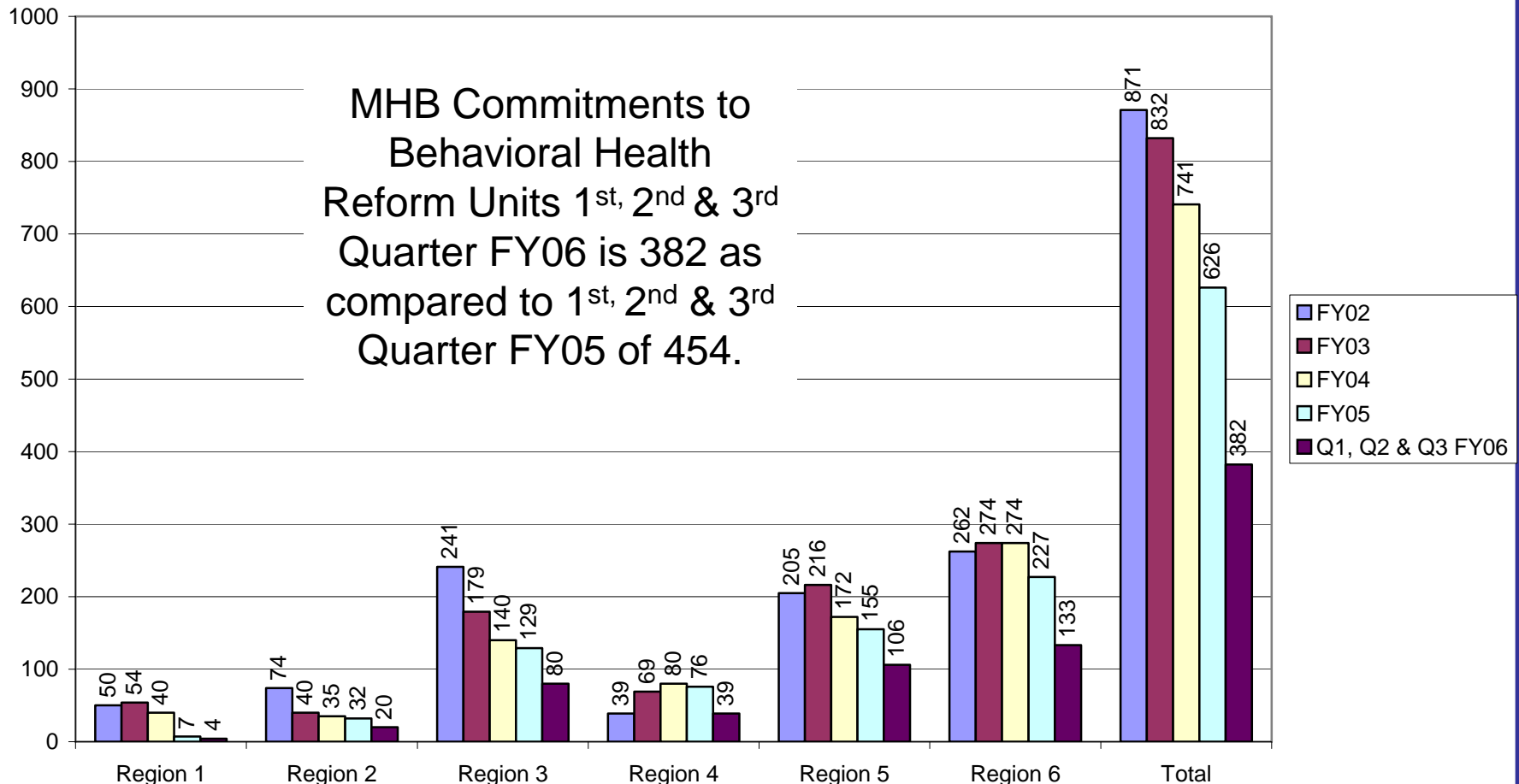
Data Source: AIMS

Run Date: April 25, 2006

* Behavioral Health Reform Units includes inpatient and residential units at LRC, NRC, and HRC, but excludes Adolescent, Forensic and Sex Offender units

Mental Health Board Commitment Admissions to Behavioral Health Reform Units by Region

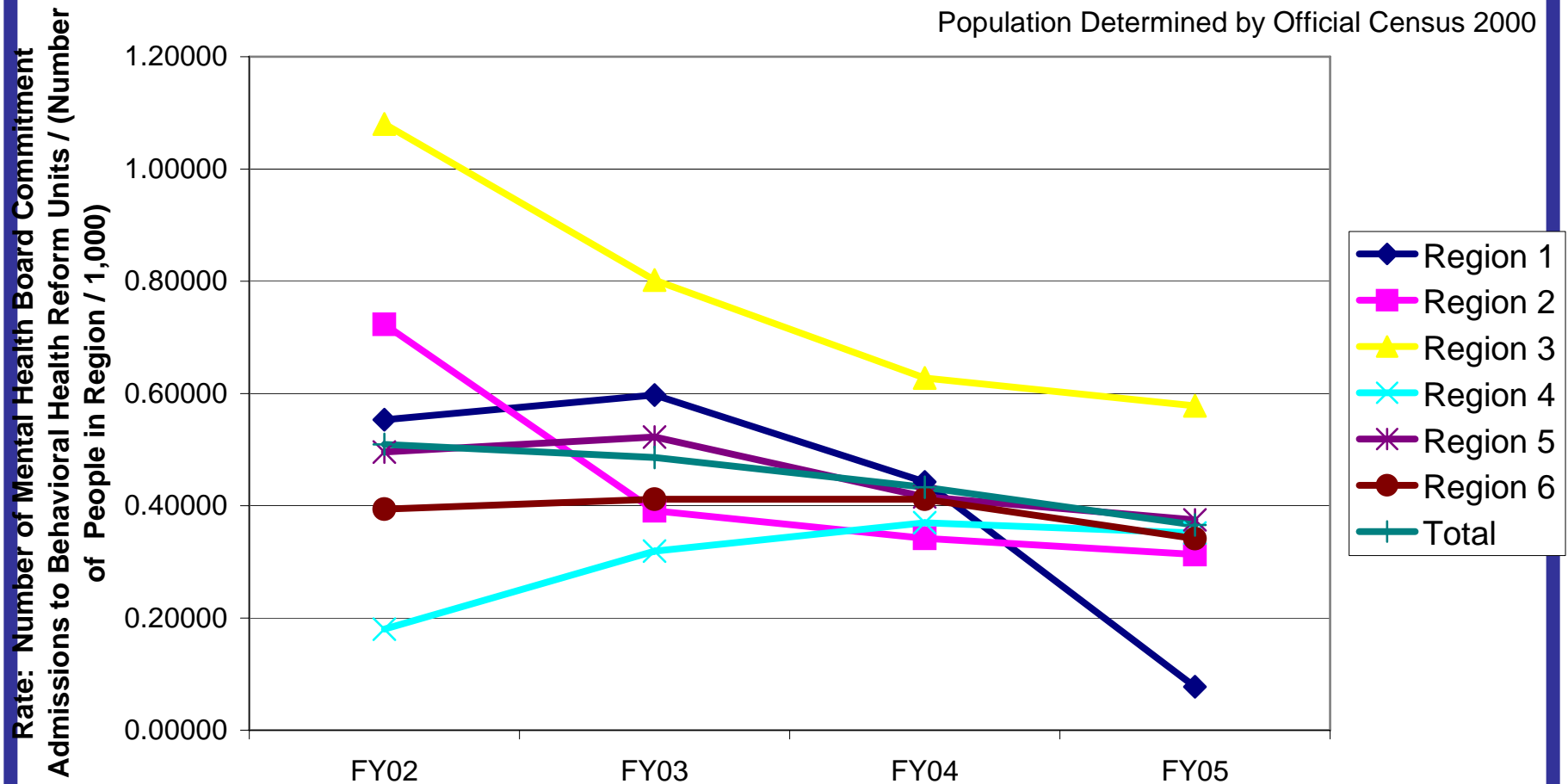
Excludes Adolescent, Forensic and Sex Offender Units



Mental Health Board Commitment Admissions to Behavioral Health Reform Units per 1,000 People in Region

Excludes Adolescent, Forensic and Sex Offender Units

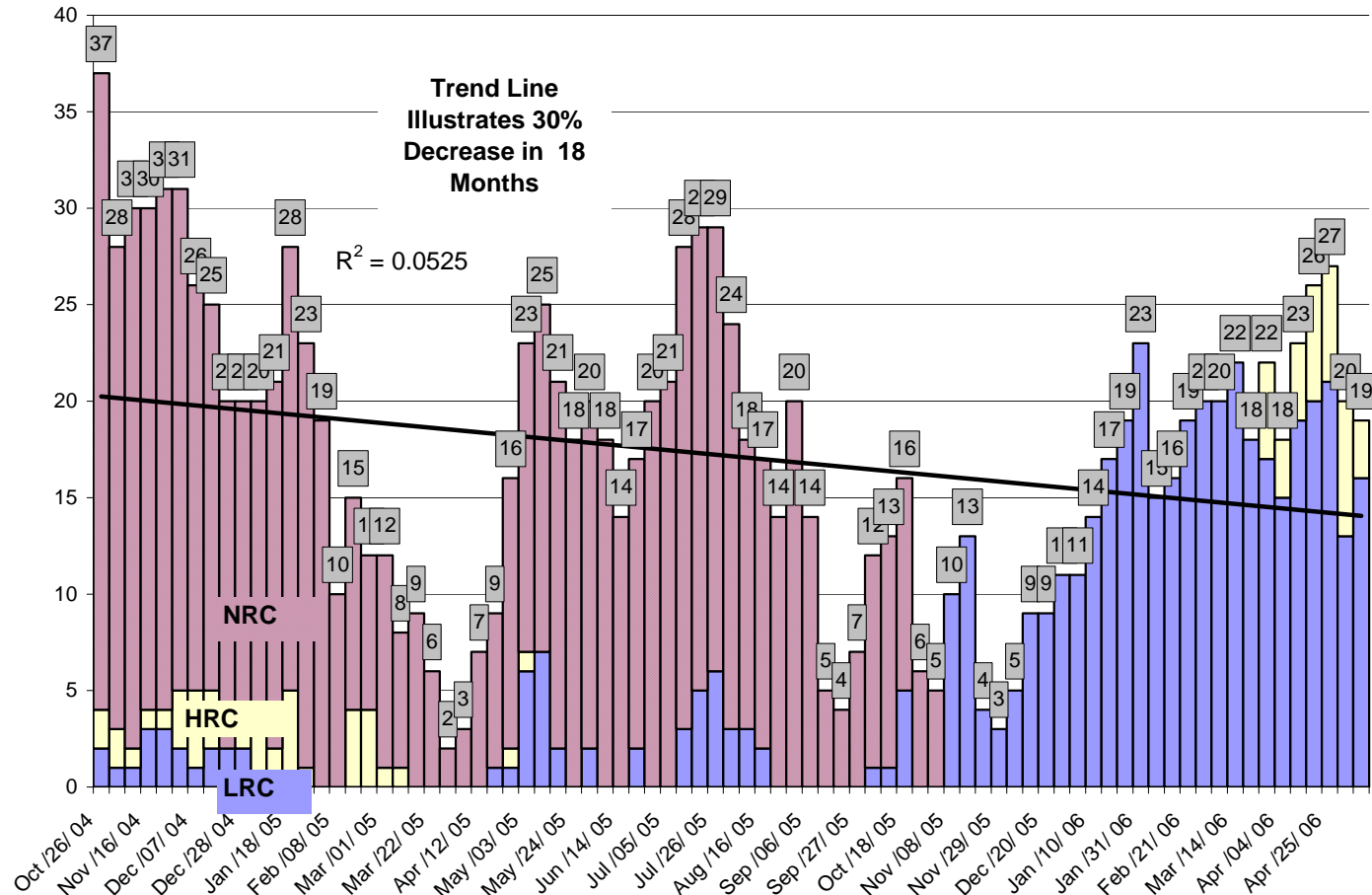
Population Determined by Official Census 2000



May 9, 2006

Region 2 – 1 Person (5 % of list) –0.009774 Rate per 1,000 People in Region
 Region 3 – 4 People (21% of list) –0.017926 Rate per 1,000 People in Region
 Region 4 – 1 People (5% of list) –0.004621 Rate per 1,000 People in Region
 Region 5 – 2 People (11% of list) –0.004836 Rate per 1,000 People in Region
 Region 6 – 11 People (58% of list) –0.01653 Rate per 1,000 People in Region

HHS BH Referral List

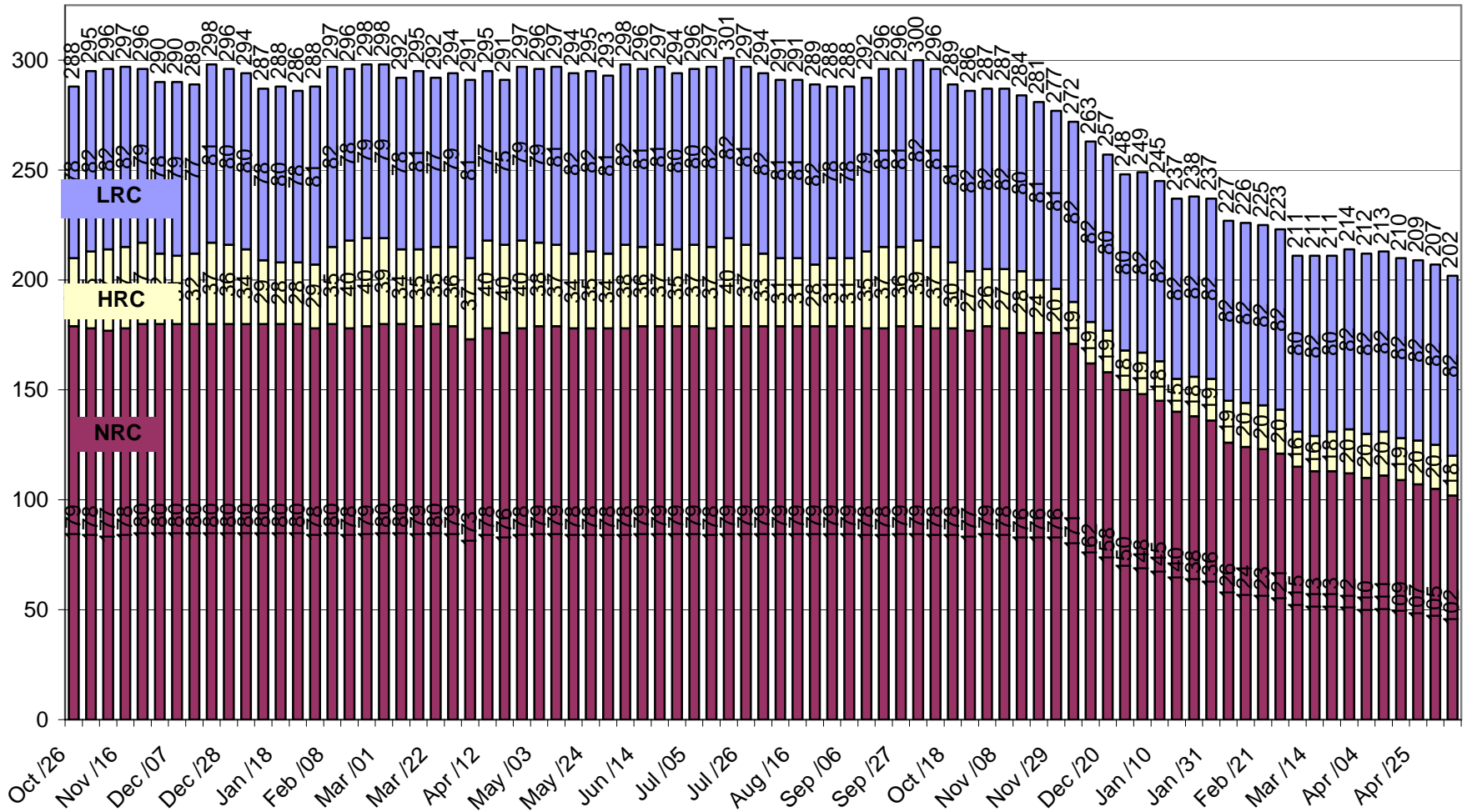


May 12, 2006

HHSS Division of Behavioral Health Services

Regional Center Behavioral Health Reform Unit Census

Excludes: Adolescent, Forensic and Sex Offender Units



Regional Center Discharge Follow-up Project

- Total Individuals** Discharged January 1- December 31, 2005 (Unduplicated) - 614
- Consumers in follow-up exiting due to death – 4
- Consumers discharged out-of-state with no Nebraska service – 22
- Consumers with “unknown” status – 33
- Total Consumers in active follow-up December 31, 2005 – 555
- ** Individuals included in Follow-up Project are adults (age 18 and older) who are served within the Regional Center Units to be downsized at Hastings and Norfolk as well as the Lincoln Regional Center Short Term Care Unit and Community Transition Program.

This information was compiled by the University of Nebraska Medical Center, Department of Preventative and Societal Medicine, Epidemiology Section, through the Regional Center Discharge Follow-Up Services Contract for the period March 1, 2005 to May 31, 2006.

Regional Center Discharge Follow-up Project

Statewide Summary of 180 day readmission rate through
December 31, 2005

Multiple discharges

One discharge only	568	92.5%
Two discharges	40	6.5%
Three or more discharges	6	1.0%
total	614	100.0%

This information was compiled by the University of Nebraska Medical Center, Department of Preventative and Societal Medicine, Epidemiology Section, through the Regional Center Discharge Follow-Up Services Contract for the period March 1, 2005 to May 31, 2006.

Consumer Involvement

- There will be 6 Regional Consumer Specialist Positions, one located in each Behavioral Health Region.
- Funding for the positions will be made by an addition to each regional contract.
- Hiring will be done by the Region with strong consumer participation in all aspects of the process.

Consumer Involvement

- The positions will serve collectively as a team to work with the state's Office of Consumer Affairs, with regular meetings by phone, and in person at sites across the state, participation in group training, strategic planning, and other issues which impact consumers statewide.
- Individually, a regional specialist will serve as a "friend in the business" to solicit input from consumers and act upon consumer affairs within his or her home region, document and report consumer needs, activities, peer-to-peer interactions etc.
- The specialists will have a significant role within each region's activity.

Consumer Involvement

Among the potential projects that the regional specialists may participate are these:

- Collect data from consumers “What do you need?” “What solutions can you offer?” “How would you like to be involved?”
- Share information with local consumers about current trends in mental health, substance abuse and problem gambling treatment.
- Establish a consumer presence in many new areas, link between consumer support groups, share information with the region and state.
- Cooperatively support state-wide grant writing to benefit consumers
- Advise and serve on policy making teams, locally and statewide.
- Outreach through schools and organizations to promote prevention, early diagnosis and treatment, share best practices, share personal stories.
- Support stigma reduction and problem solving among consumers and their families.